

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90038 013 ****61.25

DOCUMENT # N47365

1. Entity Name
KIWANIS CLUB OF GREENACRES CITY, FLORIDA, INC.



Principal Place of Business
**P.O. BOX 5475
LAKE WORTH, FL 33466-5475 US**

Mailing Address
**P.O. BOX 5475
LAKE WORTH, FL 33466-5475 US**

64003400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0140616

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRITTS, ROBERT P.
5700 LAKE WORTH RD
SUITE 105
LAKE WORTH, FL 33463**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ VP
NAME **FRITTS, ROBERT P**
STREET ADDRESS **5700 LAKE WORTH RD STE 105**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☒ Delete
NAME **P MOORE, DONALD L**
STREET ADDRESS **2641 GATELY DR W**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☒ Delete
NAME **SHANE, JEFFEREY C**
STREET ADDRESS **2206 SOUNDINGS CT**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE ☒ Delete
NAME **D LOCKE, DWAYNE E**
STREET ADDRESS **120 CAYMAN DR**
CITY-ST-ZIP **PALM SPRINGS, FL 33461**

TITLE ☒ Delete
NAME **TD GOLDMAN, IRA**
STREET ADDRESS **4471 LUXEMBURG CT**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☒ Delete
NAME **S COREN, JOYCE E**
STREET ADDRESS **812 ILENE ROAD WEST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P BOROWSKI, Michael**
STREET ADDRESS **6601 Constitution Way**
CITY-ST-ZIP **W. Palm Beach, FL 33413**

TITLE ☒ Change ☐ Addition
NAME **Shane, Jeffrey C.**
STREET ADDRESS **2206 Soundings Ct.**
CITY-ST-ZIP **West Palm Beach, FL 33413**

TITLE ☒ Change ☐ Addition
NAME **S Locke, Dwayne E.**
STREET ADDRESS **120 CAYMAN DR.**
CITY-ST-ZIP **PALM SPRINGS, FL 33461**

TITLE ☒ Change ☐ Addition
NAME **D Goldman, Ira J.**
STREET ADDRESS **4471 Luxemburg Ct.**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☒ Addition
NAME **S Scheinbaum, Mark**
STREET ADDRESS **8296 Blue Cypress Dr.**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Dwayne E. Locke, Secretary**

1-29-2004

561-965-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #